



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 6067

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/781,150	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 318	<b>GROUP ART UNIT</b> 2837	<b>ATTORNEY DOCKET NO.</b> 157438-0005
<b>APPLICANTS</b> Yulun Wang, Goleta, CA; Charles S. Jordan, Santa Barbara, CA; Keith Phillip Laby, Santa Barbara, CA; Jonathan Southard, Santa Barbara, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/452,695 03/06/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/20/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 28 <b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 1622				
<b>TITLE</b> MEDICAL TELE-ROBOTIC SYSTEM WITH A HEAD WORN DEVICE				
<b>FILING FEE RECEIVED</b> 2672	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	